## 10/801,024 **Application Number** SEP 2 9 2006 Confirmation Number 1606 Filing Date March 15, 2004 Sclaimer to Obviate a Double First Named Inventor Peng Patenting Rejection Over a Prior Patent Lacyk, John P. Examiner **Group Art** 3735 Attorney Docket No. GUID-028CON2

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE k Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Pap Complete if Known ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/801,024 TRANSMITTAL Filing Date 03/15/2004 For FY 2006 First Named Inventor Peng **Examiner Name** Lacyk, John P. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3736 **TOTAL AMOUNT OF PAYMENT** 280.00 Attorney Docket No. GUID-028CON2 METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card | Money Order None l Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) 23 - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) \_ **- 5**or HP = 200 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee Paid (\$) Fee (\$) / 50 = \_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1 Terminal Disclaimer \$130.00 \$ 130.00 SUBMITTED BY Registration No. 34,977 Telephone (408) 736-3554

Signature

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Name (Print/Type) Alap W. Cannon

Date 9/26/06

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